

Enroll As FAO Provider Quick Reference

Business Rules

- o All Applications must be completed and submitted for **State Review** within **30 calendar days** of the original start date or they will be deleted.
- Within the application, the required fields are marked with an asterisk (*).
- When using the Filter By feature, the percent sign (%) acts as a wildcard. It can be 3. Click the Provider tab used in conjunction with search criteria or by itself.
- Enter the **Start and End Dates** using the **mm/dd/yyyy** format.
- Contact the CHAMPS Hotline at 1-888-643-2408 or CHAMPS@michigan.gov for expert assistance.

Steps to Modify an existing **Enrollment Application** prior to it being submitted to the **State:**

- 1. Access CHAMPS using Single Sign-On (SSO)
- 2. Follow **CHAMPS** login screen prompts
- 4. Click **Provider Enrollment** hyperlink
- 5. Click **Track Application** hyperlink
- Enter **Application ID** (14-digit number)
- 7. Click the **Submit** button

Action	Enroll As FAO Provider - Login	Notes
Login to CHAMPS	 Access CHAMPS using SSO Follow CHAMPS login screen prompts 	Must apply for access to CHAMPS System.
Action	Enroll As FAO Provider – Select Provider Type	Notes
Select Provider Type	 Click the Provider Enrollment hyperlink Click the New Enrollment hyperlink Select the Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities) radio button Click the Submit Submit button Complete the required and desired optional fields Click the Confirm Confirm button Click the Finish Finish button Make note of your Application ID Click the OK OK button and the FAO Enrollment Business Process Wizard displays with the Status of Add Basic Information Step 1 as Complete 	 The Provider Menu page displays. The Select Enrollment Type page displays. Clicking the Submit button causes the Add Basic Information page to display. After clicking the Finish button, the Issue Application ID page displays with the Application ID number. Your Application ID is required to track the status of your application. The Application Number is a 14-digit number that has the following components: The System Date, represented as yyyymmdd A 6-digit system-generated number An example of an application number is: 20071007163755 To modify Basic Information, click the Step 1: Provider Basic Information hyperlink from the Business Process Wizard.



Action	Enroll As FAO Provider – Step 2: Add Locations (Required)	Notes
Step 2: Add Locations	 Click the Add Locations Details hyperlink from the Business Process Wizard Click the Add Add button Select address type from the Location Type drop-down Enter the Street Address and Zip Code information Click the Validate Address Validate Address button Complete the required and desired optional fields Click the OK OK button. Repeat steps 2 - 7 for each additional Location Type Click each Location Type hyperlink to add Address Types Click the Add Address Add Address button Enter the Street Address and Zip Code information Click the Validate Address Validate Address button Complete required fields and any desired optional fields Click the OK OK button. Repeat steps 9 – 13 for each additional Address Type Click the Close Cose button Click the Close Cose button. The screen returns to the Business Process Wizard enrollment page 	 The Provider Locations List for Enrollment page displays. Available Location Types are Primary Practice Location and Other Office/Servicing Location. P.O. Box cannot be used as a Primary Practice Location. The Validate Address button validates specified address information, prepopulates City/Town, State/Province, County, and Country. A message displays Address Validated and the address is standardized. Each Provider Location is displayed as a hyperlink on the Locations List page. For FAO Provider, a Primary, Correspondence, and Pay-To Address Type are required. A Remittance Advice address is required if a paper copy of the Remittance Advice is desired. If Correspondence or Pay-To address is the same as Primary address, click the Copy Primary Practice Location Copy Primary Practice Location radio button and the fields will automatically populate with the Primary address information. If address is the same as an existing address click the Copy This Location Address radio button and the fields will automatically populate with the appropriate address information. To modify Location Details, click the Step 2: Locations hyperlink from the Business Process Wizard.
Action	Enroll As FAO Provider – Step 3: Add Specialties (Required)	Notes
Step 3: Add Specialties	 Click the Add Specialties hyperlink from the Business Process Wizard Click the Add Add button Complete required fields and any desired optional fields Click the OK OK button. Repeat steps 2 – 4 for each additional Specialty Click the Close Close button 	 The Specialty List for Enrollment page displays. Once a Specialty is selected, the page refreshes with the available Subspecialties for the chosen Specialty. To modify Specialties, click the Step 3: Specialties hyperlink from the Business Process Wizard.



Action	Enroll As FAO Provider – Step 4: Add Licenses and Certification (Required)	Notes
Step 4: Add Licenses and Certifications	 Click the Add Licenses/Certification Details hyperlink Click the Add Add button Complete the required and desired optional fields Click the Confirm License/Certification Confirm License/Certification Click the OK OK button. Repeat steps 2 – 5 for each additional License/Certification Click the Close Close button 	 The Provider License/Certification List for Enrollment page displays. The Valid Flag is set to Yes or No when the license is validated against the file. To modify Licenses/Certification, click the Step 4: Licenses/Certification Details hyperlink from the Business Process Wizard.
Action	Enroll As FAO Provider – Step 5: Add Mode of Claim Submission (Required)	Notes
Step 5: Add Mode of Claim Submission	 Click the Add Mode of Claim Submission hyperlink from the Business Process Wizard Select desired Mode(s) of Claim Submission Click the OK OK button 	 The Submission Method for Enrollment page displays. At least one Mode of Claim Submission must be selected. Attempting to submit a claim using a Mode of Claim Submission that has NOT been selected will result in the claim being rejected. If Billing Agent mode is selected, the Billing Agent step changes from optional to Required. To modify Mode of Claim Submission, click the Step 5: Mode of Claim Submission hyperlink from the Business Process Wizard.
Action	Enroll As FAO Provider – Step 6: Associate Billing Agent (Optional)	Notes
Step 6: Associate Billing Agent	 Click the Associate Billing Agent hyperlink from the Business Process Wizard Click the Add Add button Enter the Billing Agent ID in the Billing Agent ID field Click on the Confirm/Search Billing Agent Confirm/Search Billing Agent button Complete required fields and any desired optional fields Click the OK OK button. Repeat steps 2 - 6 for each additional Billing Agent Click the Close Close button 	 The Billing Agent List for Enrollment page displays. The Billing Agent must currently be in the CHAMPS system. If the Billing Agent ID is unknown, click the Confirm/Search Billing Agent button to view a list of approved Billing Agents. Select the checkbox of desired Billing Agent and click the Select button. The page will refresh and populate the Billing Agent Name and Date fields. To modify a Billing Agent, click the Step 6: Associate Billing Agent hyperlink from the Business Process Wizard.



Action	Enroll As FAO Provider – Step 7: Add Ownership Details (Optional)	Notes
Step 7: Add Ownership Details	 Click the Add Ownership Information hyperlink from the Business Process Wizard Click the Add Add button Select Ownership type from the Owner Type dropdown list Enter Address Line 1 and Zip Code fields Click the Validate Address Validate Address button Complete required and any desired optional fields Click the OK OK button. Repeat steps 2 – 7 for each additional Owner Click the Add Other Owned Entity Add Other Owned Entity button if Provider has other owned entity, if not, go to step 13 Enter Address Line 1 and Zip Code fields Click the Validate Address Validate Address button Complete required and any desired optional fields Click the OK OK button. Repeat steps 8 – 12 for each additional Other Owned Entity Click the Close Close 	 The Provider Ownership List for Enrollment page displays. Ownership information is only required if the Provider owns more than 5 percent interest. The Validate Address button validates specified address information, prepopulates City/Town, State/Province, County and Country. A message displays Address Validated and the address is standardized. If Provider has ownership in other entity reimbursable by Medicaid/Medicare, step 8 - 12 are required. To modify Ownership, click the Step 7: Ownership Details hyperlink from the Business Process Wizard.
Action	Enroll As FAO Provider – Step 8: Add Taxonomy Details (Required)	Notes
Step 8: Add Taxonomy Details	 Click the Add Taxonomy Details hyperlink from the Business Process Wizard Click the Add Add button Enter the Taxonomy Code Click the Confirm Taxonomy button. The Taxonomy Code is validated and the page refreshed with the Description field populated Complete required and any desired optional fields Click the OK ok button. Repeat steps 2 – 6 for each additional Taxonomy Code Click the Close Close button 	 The Provider Taxonomy List for Enrollment page displays. At least one Taxonomy Code must be added. Taxonomy Codes are Alpha numeric and always in upper case. To view a list of available Taxonomy Codes, click the on the (Click here for Taxonomy List) hyperlink. To modify Taxonomy Codes, click the Step 8: Taxonomy Details hyperlink from the Business Process Wizard.



Action	Enroll As FAO Provider – Step 9: Complete Enrollment Checklist (Required)	Notes
Step 9: Complete Enrollment Checklist	 Click the Complete Enrollment Checklist hyperlink from the Business Process Wizard Answer each question by selecting appropriate answer from the Answer drop-down list Add comments in Comments section if required Click the Save Save button Click the Close Close button 	 The Complete Provider Checklist for Enrollment page displays. The selected Enrollment Type determines which Checklist questions are displayed. Answers to the questions determine if a Comment is Required. To modify the Enrollment Checklist, click the Step 9: Complete Enrollment Checklist hyperlink from the Business Process Wizard.
Action	Enroll As FAO Provider – Step 10: Submit Enrollment Application for Approval (Required)	Notes
Step 10: Submit Enrollment Application for Approval	 Click the Submit Enrollment Application for Approval hyperlink from the Business Process Wizard Click the Next Next button. Select the Checkbox (I certify and accept) Click the Submit Application Submit Application button Click the OK OK button. The screen returns to the Business Process Wizard screen. The Status of the application changes from "In-Process" to "In-Review" Click the Close Close button 	 The Submit Enrollment Application for Approval page displays. After the application is submitted for approval, Providers cannot change enrollment information until the application has been approved. To modify the Submit Enrollment Application for Approval that has not been submitted yet, click the Step 10: Submit Enrollment Application for Approval hyperlink from the Business Process Wizard.